

CHANGE OF DETAILS FORM AUTHORISED REPRESENTATIVE



Section 1: Member Details

Name:	
Date of Birth:	
Member ID:	

Section 2: Details of Representative

Name:	
Relationship to member:	
Contact Number:	
Email Address:	

Section 3: Details of Authority

Type of Authority held:			
Does this include financial?	Yes		No
Is there a court order?	Yes		No
Supporting documentation provided?	Yes		No

*Please note: No action will be taken unless supporting document/s have been received and verified.

Section 4: Member details to be updated (If applicable)

Residential address:			
Postal address:			
Mobile number:			
Email address:			
Bank:			
Account Name:			
BSB:			
Account Number:			
Current Payments:	KML Beneficiary Payment (DBT)		Heritage survey/Other paid work

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Section 4: Comments

Is there any further information or feedback you would like to provide to RRKAC or KML?

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Section 5: Declaration by Representative

By signing I declare that the information provided is true and correct to the best of my knowledge.

Signature:		Date:	
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Please send completed forms and supporting documents to RRKAC by:

Email: memberservices@rrkac.org.au

Mail: RRKAC PO Box 1944, KARRATHA WA 6714

Or in person at Unit 5/9 Hedland Place, Karratha WA 6714

If you have any queries, please contact us on (08) 9185 5005

Date received:	OFFICE USE ONLY: Accepted/Rejected	<input type="checkbox"/> Entered into CTMS
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